

**IMPORTANT**

**Remember to include your e-mail address when completing your application.**

Providing your e-mail address allows us to notify you via e-mail when we receive your application and when we issue your license. These e-mails will contain useful information on how to check the status of your application and how to verify licensure.

Some of our forms have not yet been modified to include e-mail addresses. If the attached form does not include an area in which to enter your e-mail address, or if you need more room, please write your e-mail address on the line below and attach this page to the front of your application. Thank you.

**E-Mail:**

---



## Georgia Board of Nursing

Professional Licensing Boards Division  
237 Coliseum Drive  
Macon, Georgia 31217-3858  
Telephone: (478) 207-2440  
Fax: (478) 207-1660  
Web Site: [www.sos.georgia.gov/plb/rn](http://www.sos.georgia.gov/plb/rn)

### Information Sheet for Licensure by REPEAT Exam of U.S. Graduates Registered Professional Nurse

#### RN APPLICATION FOR LICENSURE BY EXAM: GENERAL INFORMATION

The following instructions are provided to assist you in completing your application for licensure by exam (NCLEX). Read all instructions carefully and respond to each question on your application. A question that is not applicable should be responded to as N/A. For assistance, phone (478) 207-2440.

You are responsible for ensuring that all information required to apply for licensure by examination is received by Georgia Board of Nursing (the "Board"). Assistance with the application process by any third party will in no way lessen your responsibility. Failure to follow procedures may delay your eligibility to take the NCLEX-RN (National Council Licensure Examination for Registered Nurses).

#### APPLICATION INSTRUCTIONS

**Legal Name:** The name on the application submitted to the Georgia Board of Nursing must be the same form of your name submitted to the testing service on your NCLEX examination registration form. If the name is not the same on all forms, please provide the Board with the necessary legal documentation. The picture identification that you will present at the test center must match the name on your licensure application.

**U.S. Social Security Number:** This information is authorized to be obtained and disclosed to state and federal agencies pursuant to O.C.G.A. §§19-11-1 et seq. and O.C.G.A. §§20-3-295 et seq., 42 U.S.C.A. §551 and 20 U.S.C.A. §1001. It may also be disclosed to the National Practitioner's Databank (NPDB) and the Healthcare Integrity and Protection Data Bank (HIPDB) or other licensing boards, or other regulatory agencies for license tracking purposes.

**Board Disciplinary Actions/Legal Convictions:** If you respond "yes" to the legal/discipline question include the certified copies in an envelope sealed by the court or agency involved with the application. Be sure to include the notarized detailed explanation of each offense with the application.

**NOTE:** Georgia Repeat Writers need not resubmit any documents or letters previously submitted for review. Any new information or documentation should be submitted to the "Board".

**Passport Photo:** Enclose a passport photograph (2X2 inches) with your application. You must sign the front of your photograph. Tape top side only of photograph to the application.

**Official Transcript:** NOTE: Georgia repeat writers need not submit another transcript.

**Nurse Administrator Information:** NOTE: This information not needed for repeat writers.

## APPLICATION FEE

The \$40.00 **non-refundable** application fee (certified check, cashier's check or money order) must be made payable to: Georgia Board of Nursing. Mail your application with fee.

## DISABILITY

If you have a disability and may require an accommodation, you must contact the Board to obtain the REQUEST FOR DISABILITY ACCOMMODATION GUIDELINES. Please be aware that this request may extend the application process for an additional 40-60 days to obtain the necessary approvals.

## TEMPORARY PERMITS

**NOTE: No temporary permits are issued for graduates.** Following graduation, you must not engage in any "licensed" activities or work in any position that requires RN licensure or commence orientation for any position that requires RN licensure until you have received your RN license. Graduate Nurse status is no longer available.

## NCLEX-RN REGISTRATION

In addition to applying for licensure to Georgia Board of Nursing, you must register and pay the examination fee to the testing service. The NCLEX-RN Candidate Bulletin can be downloaded from [www.pearsonvue.com/nclex](http://www.pearsonvue.com/nclex). Your eligibility to test status will be delayed if you have not registered with the testing center when your application is initially reviewed by the board staff. Entering the correct school code is critical, do not leave blank or enter the wrong code for your educational program. **NOTE:** It may be different for the same school if the school has two types of educational programs.

## EXAMINATION RESULTS

Your examination results will only be mailed to your address of record. Notify us immediately in writing if you have an address change or name change. The name change requires legal documents. NO EXAMINATION RESULTS WILL BE GIVEN BY TELEPHONE FROM GEORGIA BOARD OF NURSING. Score Reports will be mailed approximately one month after taking the examination.

## DISCIPLINARY REVIEW

A passing score does not ensure licensure. Your application is subject to Board review if you answered yes to any Legal/Discipline questions.

### TO RE-APPLY

If you do not pass the NCLEX-RN, you may download another repeat exam application at [www.sos.georgia.gov/plb/rn](http://www.sos.georgia.gov/plb/rn) or contact the Georgia Board of Nursing at (478) 207-2440 for a new repeat application.

### TIME LIMIT ON PASSING NCLEX-RN

You must pass the NCLEX-RN within a three (3) year period from the date of your graduation (graduates of U.S. nursing education programs) or from your date of eligibility (graduates of out-of-country nursing education programs). For further information, contact the Board office.

### LICENSURE

When you pass the NCLEX-RN and are approved for licensure, you will be issued a wallet-sized pocket card/license. The license will display your permanent Georgia registration number that is preceded by the letters "RN". This number must be used on all correspondence addressed to the Board and will not change during one's lifetime.

### RENEWAL

Upon receipt of your original pocket card, **note the expiration date**. A renewal notice will be mailed to your last known address prior to the expiration of your license. Failure to receive a renewal notice will in no way relieve your legal obligation to renew your license prior to the expiration date. **It is your responsibility to renew your license.**

FOR BOARD USE ONLY

Amount Submitted \_\_\_\_\_

Date \_\_\_\_\_

Receipt # \_\_\_\_\_



FOR BOARD USE ONLY

Certificate Number \_\_\_\_\_

Date Issued \_\_\_\_\_

Applicant No. \_\_\_\_\_

**GEORGIA BOARD OF NURSING**  
 Post Office Box 13446 • Macon, Georgia 31208 • (478) 207-2440  
[www.sos.georgia.gov/plb/rn](http://www.sos.georgia.gov/plb/rn)

## REPEAT APPLICATION FOR LICENSURE AS A REGISTERED PROFESSIONAL NURSE BY EXAMINATION FOR U.S. GRADUATES

License Type: ☒ RN (DID NOT PASS PREVIOUSLY TAKEN NCLEX-RN FOR GEORGIA)

Method Obtained by:  
☐ Examination U.S. Graduate

### Part I: Personal Information:

1. Legal Name to  
appear on License:

LAST FIRST MIDDLE MAIDEN

2. Name as shown on exam records, transcripts or any documentation provided to the Board including maiden name (if different):

LAST FIRST MIDDLE MAIDEN

3. Social Security #: \_\_\_\_\_ Date of Birth:    -    -

\*This information is authorized to be obtained and disclosed to state and federal agencies pursuant to O.C.G.A. §19-11-1 and O.C.G.A. §20-3-295, 42 U.S.C.A. §551 and 20 U.S.C.A. §1001. It may also be disclosed to the National Practitioner's Databank (NPDB) and the Healthcare Integrity and Protection Data Bank (HIPDB) or other licensing boards, or other regulatory agencies for license tracking purposes.

4. Gender: ☐ Male ☐ Female Race: \_\_\_\_\_ Ethnicity: \_\_\_\_\_ (Hispanic or Latino) \_\_\_\_\_ (Not Hispanic or Latino)

5. Residential (Physical)

Address:

NUMBER AND STREET (P.O. BOX NOT ACCEPTABLE)

APT #

CITY

STATE

ZIP

6. Mailing

Address:

(\*ADDRESS WILL APPEAR ON WEBSITE) NUMBER AND STREET (P.O. BOX ACCEPTABLE)

APT #

CITY

STATE

ZIP

7. Daytime Phone #:

Evening Phone #:

8. E-mail Address: \_\_\_\_\_ Fax Number: \_\_\_\_\_

9. ☐ I am a U.S. citizen ☐ I am not a U.S. citizen but am a qualified alien under the federal Immigration and Naturalization Act, and I am lawfully present in the United States. If you are not a U.S. citizen, you must complete the attached form, **DOCUMENTATION TO DETERMINE QUALIFIED ALIEN STATUS**, and provide required documentation.

10. Country of Birth: \_\_\_\_\_

You must immediately notify the Board in writing of address changes. \*Pursuant to O.C.G.A. 43-1-2 (k) your name, mailing address and license number are public information.

## EDUCATIONAL INFORMATION

### 9. Nursing Program:

**Name of School**

**Address (City and State)**

**Zip Code**

Date Graduated: \_\_\_\_\_  
**Month/Year**

Nursing Education Program Code \_\_\_\_\_  
 (Obtain from NCLEX Candidate Bulletin)

### 10. Nursing Degree Conferred:

- |                                                                                                                                                                                                            |                                                                                                              |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Associate Degree in Nursing<br><input type="checkbox"/> Diploma<br><input type="checkbox"/> Bachelor of Science in Nursing<br><input type="checkbox"/> Master's Degree in Nursing | <input type="checkbox"/> Doctoral Degree in Nursing<br><input type="checkbox"/> Other (please specify) _____ |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|

## PREVIOUS APPLICATION INFORMATION

11. Have you ever previously applied to take a licensing examination to become a registered nurse in this or any other state?  
☐ No    ☐ Yes

**(If NCLEX was taken in a state other than Georgia, request the state board to send the NCLEX scores to you in a sealed envelope to be included with your application.)**

If Yes, in which state(s) have you taken the National Council Licensure Examination (NCLEX-RN)? Use additional sheets of paper if needed. Record your name and SSN on each additional sheet of paper.

State	Date	State	Date

## PREVIOUS DISCIPLINARY AND CRIMINAL CONVICTION INFORMATION

### 12. Board Disciplinary Actions/Legal Convictions: Answer **BOTH** Questions:

**A.** Since your previous application have you ever been arrested, convicted, sentenced, plead guilty, plead nolo contendere or given first offender status which is: (a) a misdemeanor; (b) a felony; (c) a crime involving moral turpitude; (d) a crime violating a federal law involving controlled substances, dangerous drugs or a DUI /DWI; (e) any offense other than a minor traffic violation? **Note: Even if probation completed or first offender status granted.**

☐ No      Yes ☐

If **“yes”**, have you included a **certified copy** of the court records and final disposition in a **sealed envelope from the court** with your application?

☐ No      Yes ☐

Have you included a **personal, detailed notarized letter** explaining each incident? ☐ No      Yes ☐

**B.** Since your previous application has any licensing board or agency in Georgia or any other state ever:

(a) denied your application, for licensure, renewal or reinstatement? ☐ No      Yes ☐

(b) revoked, suspended, restricted or probated your license? ☐ No      Yes ☐

(c) requested or accepted surrender of your license? ☐ No      Yes ☐

(d) reprimanded, fined or disciplined you? ☐ No      Yes ☐

If **“yes”**, have you included a **certified copy** of that board or agency's action against your license with Relevant supporting documents in a **sealed envelope from the board or agency** with your application?

☐ No      Yes ☐

Have you included a personal, **detailed notarized letter** explaining each incident? ☐ No      Yes ☐

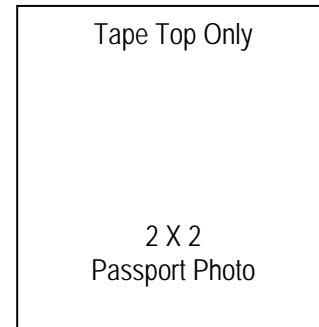
Provide the name of the agency or board in the space provided.

---

Name of agency or board

## PASSPORT PHOTO

- 14. Passport Photograph:** Please provide one recent (within the last six (6) months) passport photograph of yourself to fit the space on the right. Show head and shoulders only. Sign the bottom of the photograph. The Nurse administrator of your nursing program must sign the back in ink and add her/his license number and position title. Tape top-side only of passport photograph to the application.



## CERTIFICATION BY APPLICANT

- 15.** The facts set forth in this application in this application for licensure as a registered nurse is true and complete to the best of my knowledge. I understand false statements on this application may be considered sufficient cause for denial of licensure. The Georgia State Board of Nursing is hereby authorized to request any criminal history or additional information concerning me from any state or local criminal justice agency.

\_\_\_\_\_  
(Applicant's Full Name - Printed)

\_\_\_\_\_  
(Signature of Applicant)

\_\_\_\_\_  
(Date Signed)

State of \_\_\_\_\_

County of \_\_\_\_\_

\_\_\_\_\_  
(City/Zip)

Being duly sworn, says that he/she is the person who executed the above application for a certificate that are true in every respect. **Applicant signature and notarization should occur on the same date.**

Sworn to and subscribed before me this

\_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

\_\_\_\_\_  
(Notary Public)

My Commission Expires \_\_\_\_\_

(seal)



**Mail this form and fee to: Post Office Box 13446, Macon, GA 31208. DO NOT SEND CASH. Make certified check or money order payable to the Georgia Board of Nursing.**

**Have you...**

- ☐ Have you paid the fee and registered with the testing service for the NCLEX-RN examination? If not, do so promptly.
- ☐ Is the name you registered with the test service exactly as you have listed it on your licensure examination application?
- ☐ Answered every question or indicated "Not Applicable"?
- ☐ If you responded "Yes" to either the previous disciplinary questions or criminal activity questions, have you included your Letter of Explanation and certified documents in an enveloped sealed by the court or agency involved.



**OFFICE OF SECRETARY OF STATE  
PROFESSIONAL LICENSING BOARDS DIVISION  
GEORGIA STATE BOARD OF NURSING**

**237 Coliseum Drive  
Macon, Georgia 31217  
(478) 207-2440**

**CONSENT FORM**

I authorize the **Georgia Board of Nursing** to conduct a background investigation of me to determine my suitability for licensure. I give my consent for full and complete disclosure of all records and information concerning myself to the Board, their authorized representatives, or any other persons deemed necessary by the Board in determining my suitability, whether such records and information are of a public, private, or confidential nature, to include criminal history records. This authorization will remain in effect for the duration of my active licensure status with this state or until cancelled by me in writing.

\_\_\_\_\_  
**Applicant's Full Name (Printed)**

\_\_\_\_\_  
**Physical Address (P.O. Boxes NOT Accepted)**

\_\_\_\_\_  
**Sex**

\_\_\_\_\_  
**Race**

\_\_\_\_\_  
**Date of Birth**

\_\_\_\_\_  
**Social Security Number**

**Place of Birth (City/State):** \_\_\_\_\_

**Aliases or Maiden Name:** \_\_\_\_\_

\_\_\_\_\_  
**(Signature of Applicant)**

\_\_\_\_\_  
**(Date)**

## DOCUMENTATION TO DETERMINE QUALIFIED ALIEN STATUS

Please indicate below which documentation you will submit to show proof you are a qualified alien under the Federal Immigration and Naturalization Act.

### Alien Lawfully Admitted for Permanent Residence:

- \_\_\_\_\_ - INS Form I-551 (Alien Registration Receipt Card, commonly known as a "green card")
- \_\_\_\_\_ - Unexpired Temporary I-551 stamp in foreign passport or on INS Form I-94

### Asylee:

- \_\_\_\_\_ - INS Form I-94 annotated with stamp showing admission under §208 of the INA
- \_\_\_\_\_ - INS Form I-688B (Employment Authorization Card) annotated "274a.12 (a) (5)"
- \_\_\_\_\_ - INS Form I-766 (Employment Authorization Document) annotated "A5"
- \_\_\_\_\_ - Grant letter from the asylum office of INS
- \_\_\_\_\_ - Order of an immigration judge granting asylum

### Refugee:

- \_\_\_\_\_ - INS Form I-94 annotated with stamp showing admission under §207 of the INA
- \_\_\_\_\_ - INS Form I-688B (Employment Authorization Card) annotated "274a.12 (a) (3)"
- \_\_\_\_\_ - INS Form I-766 (Employment Authorization Document) annotated "A3"
- \_\_\_\_\_ - INS Form I-571 (Refugee Travel Document)

### Alien Paroled Into the U.S. for at Least One Year:

- \_\_\_\_\_ - INS Form I-94 with stamp showing admission for at least one year under §212(d) (5) of the INA

### Alien Whose Deportation or Removal Was Withheld:

- \_\_\_\_\_ - INS Form I-688B (Employment Authorization Card) annotated "274a.12 (a) (10)"
- \_\_\_\_\_ - INS Form I-766 (Employment Authorization Document) annotated "A10"
- \_\_\_\_\_ - Order from an immigration judge showing deportation withheld under §241 (b) (3) of the INA

### Alien Granted Conditional Entry:

- \_\_\_\_\_ - INS Form I-94 with stamp showing admission under §203 (a) (7) of the INA
- \_\_\_\_\_ - INS Form I-688B (Employment Authorization Card) annotated "274a.12 (1) (3)"
- \_\_\_\_\_ - INS Form I-766 (Employment Authorization Document) annotated "A3"

### Cuban/Haitian Entrant:

- \_\_\_\_\_ - INS Form I-551 (Alien Registration Receipt Card, commonly known as a "green card") with the code CU6, CU7, or CH6
- \_\_\_\_\_ - Unexpired temporary I-551 stamp in foreign passport or on INS Form I-94 with the code CU6 or CU7
- \_\_\_\_\_ - INS Form I-94 with stamp showing parole as "Cuba/Haitian Entrant" under §212(d) (5) of the INA

### Alien Who Has Been Battered or Subjected to Extreme Cruelty:

- \_\_\_\_\_ - INS petition and appropriate supporting documentation

\_\_\_\_\_  
(Applicant's Signature)

\_\_\_\_\_  
(Date)